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08/29/2005 KWATSON 00000005 193935 10633551

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S&H Form: (02/05)

**REPLY/AMENDMENT
FEE TRANSMITTAL**

Attorney Docket No.	1341.1159
Application Number	10/633,551
Filing Date	August 5, 2003
First Named Inventor	Tadashi OHASHI
Group Art Unit	2175
Examiner Name	RIMELL, MAMUEL G

AMOUNT ENCLOSED

0.00

FEE CALCULATION (fees effective 12/08/04)

CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	16	- 20 =	0	X \$ 50.00 =	\$ 0.00
INDEPENDENT CLAIMS	4	- 3 =	1	X \$ 200.00 =	200.00

Since an Official Action set an original due date of August 18, 2005, petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$120)); (2 months (\$450)); (3 months (\$1,020)); (4 months

If Notice of Appeal is enclosed, add (\$500.00)

If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$130.00)

Information Disclosure Statement (Rule 1.17(p)) (\$180.00)

Total of above Calculations =

\$ 0.00

Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)

TOTAL FEES DUE =

\$ 0.00

(1) If entry (1) is less than entry (2), entry (3) is "0".

(2) If entry (2) is less than 20, change entry (2) to "20".

(4) If entry (4) is less than entry (5), entry (6) is "0".

(5) If entry (5) is less than 3, change entry (5) to "3".

METHOD OF PAYMENT

- ☐ Check enclosed as payment.
- ☒ Charge "TOTAL FEES DUE" to the Deposit Account No. below.
- ☐ No payment is enclosed.

GENERAL AUTHORIZATION

- ☒ If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to:

Deposit Account No. 19-3935

Deposit Account Name STAAS & HALSEY LLP

- ☒ The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.

SUBMITTED BY: STAAS & HALSEY LLP

Typed Name Mark J. Henry Reg. No. 36,162

Signature

M. J. Henry

Date

Aug 18 2005

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PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10/633,551

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	10	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	10 minus 20 =	*
INDEPENDENT CLAIMS	3 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐ OR

OTHER THAN
SMALL ENTITY

RATE	FEE
BASIC FEE	375.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	750.00
X\$18=	
X84=	
+280=	
TOTAL	750.00

CLAIMS AS AMENDED - PART II

1.18.05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	10	20	
Independent	3	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	
ADDITIONAL FEE	

8/18/05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	10	20	
Independent	4	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	200
+280=	
TOTAL	200
ADDITIONAL FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	
ADDITIONAL FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.